

SMOKE ALARM AFFIDAVIT

STATE OF NEW YORK)
COUNTY OF SUFFOLK)

I, _____, being duly sworn, dispose and say:

1) I am the _____ of the premises located at _____

Suffolk County Tax Map Number 473689 - _____ - _____ - _____, which is improved by a single family dwelling.

- 2) That at least one single station smoke detection alarm device is installed on or near the ceiling adjacent to all sleeping spaces in this dwelling and that such device is in good working order.
- 3) That I make this affidavit pursuant to Section 1193.2 of the New York State Fire Prevention and Building Code.

Signature

Sworn to before me this _____

Day of _____, 20 ____.

Notary Public